



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

SITE NUMBER (to be assigned by HQ)

V

160000 10068

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

|   |                       |  |                                       |
|---|-----------------------|--|---------------------------------------|
| A. SITE NAME<br><i>Thomas Garage</i>  |                       | B. STREET (or other identifier)<br><i>3619 COLLINSVILLE RD</i> |                                       |
| C. CITY<br><i>Fairmont</i>  | D. STATE<br><i>IL</i> | E. ZIP CODE  | F. COUNTY NAME<br><i>ST CLAIR 163</i> |
| G. OWNER/OPERATOR (if known)<br>1. NAME   |                       | 2. TELEPHONE NUMBER  |                                       |
| H. TYPE OF OWNERSHIP<br><input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input checked="" type="checkbox"/> 6. UNKNOWN |                       |  |                                       |
| I. SITE DESCRIPTION<br><i>Appears to be a landfill</i>  |                       |  |                                       |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)<br><i>Eckhardt Report</i>  |                       |  | K. DATE IDENTIFIED (mo., day, & yr.)  |
| L. PRINCIPAL STATE CONTACT<br>1. NAME   |                       | 2. TELEPHONE NUMBER  |                                       |

II. PRELIMINARY ASSESSMENT (complete this section last)

|   |                                 |   |
|---|---------------------------------|---|
| A. APPARENT SERIOUSNESS OF PROBLEM<br><input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN   |                                 |   |
| B. RECOMMENDATION<br><input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard)<br><input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED<br>a. TENTATIVELY SCHEDULED FOR:<br>b. WILL BE PERFORMED BY:<br><input type="checkbox"/> 3. SITE INSPECTION NEEDED<br>a. TENTATIVELY SCHEDULED FOR:<br>b. WILL BE PERFORMED BY:<br><input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) |                                 |   |
| C. PREPARER INFORMATION<br>1. NAME<br><i>Dregg Wrisley</i>  | 2. TELEPHONE NUMBER<br><i>-</i> | 3. DATE (mo., day, & yr.)<br><i>9/12/80</i> |

III. SITE INFORMATION

|  |  |
|--|--|
| A. SITE STATUS<br><input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)<br><input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.)<br><input type="checkbox"/> 3. OTHER (specify):<br>(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) |  |
| B. IS GENERATOR ON SITE?<br><input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):   |  |
| C. AREA OF SITE (in acres)<br><i>&lt;1</i>   | D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES<br>1. LATITUDE (deg., min., sec.)<br>2. LONGITUDE (deg., min., sec.) |
| E. ARE THERE BUILDINGS ON THE SITE?<br><input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):   |  |

EPA Region 5 Records Ctr.



353585

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| <input checked="" type="checkbox"/> A. TRANSPORTER | <input checked="" type="checkbox"/> B. STORER | <input checked="" type="checkbox"/> C. TREATER | <input checked="" type="checkbox"/> D. DISPOSER |
|--|---|--|---|
| 1. RAIL  | 1. PILE                                       | 1. FILTRATION                                  | <input checked="" type="checkbox"/> 1. LANDFILL |
| 2. SHIP  | 2. SURFACE IMPOUNDMENT                        | 2. INCINERATION                                | 2. LANDFARM                                     |
| 3. BARGE   | 3. DRUMS                                      | 3. VOLUME REDUCTION                            | 3. OPEN DUMP                                    |
| 4. TRUCK   | 4. TANK, ABOVE GROUND                         | 4. RECYCLING/RECOVERY                          | 4. SURFACE IMPOUNDMENT                          |
| 5. PIPELINE  | 5. TANK, BELOW GROUND                         | 5. CHEM./PHYS. TREATMENT                       | 5. MIDNIGHT DUMPING                             |
| 6. OTHER (specify):                                | 6. OTHER (specify):                           | 6. BIOLOGICAL TREATMENT                        | 6. INCINERATION                                 |
|  |   | 7. WASTE OIL REPROCESSING                      | 7. UNDERGROUND INJECTION                        |
|  |   | 8. SOLVENT RECOVERY                            | 8. OTHER (specify):                             |
|  |   | 9. OTHER (specify):                            |   |

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED *This is a very small site where Pfizer Inc. dumped some iron oxide sludge during early 1970s. State does not believe this is a very significant listing.*

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE   | b. OIL  | c. SOLVENTS  | d. CHEMICALS                                  | e. SOLIDS                                      | f. OTHER   |
|---|---|--|---|--|--|
| AMOUNT  | AMOUNT  | AMOUNT   | AMOUNT  | AMOUNT   | AMOUNT   |
| UNIT OF MEASURE   | UNIT OF MEASURE                                     | UNIT OF MEASURE  | UNIT OF MEASURE                               | UNIT OF MEASURE                                | UNIT OF MEASURE  |
| <input checked="" type="checkbox"/> (1) PAINT, PIGMENTS | <input checked="" type="checkbox"/> (1) OILY WASTES | <input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS | <input checked="" type="checkbox"/> (1) ACIDS | <input checked="" type="checkbox"/> (1) FLYASH | <input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT. |
| <input checked="" type="checkbox"/> (2) METALS SLUDGES  | (2) OTHER (specify):                                | (2) NON-HALOGNTD. SOLVENTS                                   | (2) PICKLING LIQUORS                          | (2) ASBESTOS                                   | (2) HOSPITAL   |
| (3) POTW  |   | (3) OTHER (specify):   | (3) CAUSTICS                                  | (3) MILLING/ MINE TAILINGS                     | (3) RADIOACTIVE  |
| (4) ALUMINUM SLUDGE                                     |   |  | (4) PESTICIDES                                | (4) FERROUS SMLTG. WASTES                      | (4) MUNICIPAL  |
| (5) OTHER (specify):                                    |   |  | (5) DYES/INKS                                 | (5) NON-FERROUS SMLTG. WASTES                  | (5) OTHER (specify):   |
|   |   |  | (6) CYANIDE                                   | (6) OTHER (specify):                           |  |
|   |   |  | (7) PHENOLS                                   |  |  |
|   |   |  | (8) HALOGENS                                  |  |  |
|   |   |  | (9) PCB                                       |  |  |
|   |   |  | (10) METALS                                   |  |  |
|   |   |  | (11) OTHER (specify):                         |  |  |

**V. WASTE RELATED INFORMATION (continued)**

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

**VI. HAZARD DESCRIPTION**

| A. TYPE OF HAZARD                                      | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|--|--------------------------------|--------------------------------|-------------------------------------|------------|
| 1. NO HAZARD   |                                |                                |                                     |            |
| 2. HUMAN HEALTH  |                                |                                |                                     |            |
| 3. NON-WORKER INJURY/EXPOSURE                          |                                |                                |                                     |            |
| 4. WORKER INJURY                                       |                                |                                |                                     |            |
| 5. CONTAMINATION OF WATER SUPPLY                       |                                |                                |                                     |            |
| 6. CONTAMINATION OF FOOD CHAIN                         |                                |                                |                                     |            |
| 7. CONTAMINATION OF GROUND WATER                       |                                |                                |                                     |            |
| 8. CONTAMINATION OF SURFACE WATER                      |                                |                                |                                     |            |
| 9. DAMAGE TO FLORA/FAUNA                               |                                |                                |                                     |            |
| 10. FISH KILL  |                                |                                |                                     |            |
| 11. CONTAMINATION OF AIR                               |                                |                                |                                     |            |
| 12. NOTICEABLE ODORS                                   |                                |                                |                                     |            |
| 13. CONTAMINATION OF SOIL                              |                                |                                |                                     |            |
| 14. PROPERTY DAMAGE                                    |                                |                                |                                     |            |
| 15. FIRE OR EXPLOSION                                  |                                |                                |                                     |            |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS |                                |                                |                                     |            |
| 17. SEWER, STORM DRAIN PROBLEMS                        |                                |                                |                                     |            |
| 18. EROSION PROBLEMS                                   |                                |                                |                                     |            |
| 19. INADEQUATE SECURITY                                |                                |                                |                                     |            |
| 20. INCOMPATIBLE WASTES                                |                                |                                |                                     |            |
| 21. MIDNIGHT DUMPING                                   |                                |                                |                                     |            |
| 22. OTHER (specify):                                   |                                |                                |                                     |            |

**VII. PERMIT INFORMATION****A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.**

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

**B. IN COMPLIANCE?**

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

**VIII. PAST REGULATORY ACTIONS**

- ☐ A. NONE    ☐ B. YES (summarize below)

**IX. INSPECTION ACTIVITY (past or on-going)**

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
|                     |  |                              |                |
|                     |  |                              |                |
|                     |  |                              |                |

**X. REMEDIAL ACTIVITY (past or on-going)**

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
|                     |  |                              |                |
|                     |  |                              |                |
|                     |  |                              |                |

**NOTE:** Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

|   |                             |   |   |
|---|-----------------------------|---|---|
| <b>POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION</b>  |                             | REGION<br><b>V</b>  | SITE NUMBER<br><b>IL-000010008</b>      |
| NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists. |                             |   |   |
| A. SITE NAME<br><i>Thomas Garage</i>  |                             | B. STREET (or other identifier)<br><i>3619 Collinville Road</i> |   |
| C. CITY<br><i>Fairmont County</i>   | D. STATE<br><i>Illinois</i> | E. ZIP CODE   | F. COUNTY NAME                          |
| G. OWNER/OPERATOR (if known)<br>1. NAME   |                             | 2. TELEPHONE NUMBER   |   |
| H. TYPE OF OWNERSHIP (if known)<br><input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN   |                             |   |   |
| I. SITE DESCRIPTION   |                             |   |   |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)  |                             |   | K. DATE IDENTIFIED<br>(mo., day, & yr.) |
| L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM  |                             |   |   |
| M. PREPARER INFORMATION<br>1. NAME  |                             | 2. TELEPHONE NUMBER   | 3. DATE (mo., day, & yr.)               |